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TALLAHASSEE, FLORIDA

GA. Thomas MAY -1 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Companion Third Party Administrators, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Matthew Spisak

(Name of Person)

Companion Property & Casualty Group

(Firm/Company)

51 Clemson Road

(Address)

Columbia, SC 29229

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Matthew Spisak

(Name of Person)

at (803) 264-5156

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2008

MATTHEW SPISAK
51 CLEMSON ROAD
COLUMBIA, SC 29229

SUBJECT: COMPANION THIRD PARTY ADMINISTRATORS, LLC
Ref. Number: W08000019780

We have received your document for COMPANION THIRD PARTY ADMINISTRATORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 508A00023392

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **Companion Third Party Administrators, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **South Carolina**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **56-2151867**

(FEI number, if applicable)

4. **August 10, 1999**

(Date of Organization)

5. **December 31, 2050**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **51 Clemson Road**

Columbia, SC 29229

(Street Address of Principal Office)

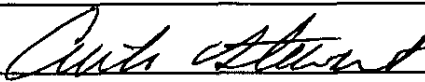
8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

N/A SEE ATTACHED.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **Administration**
of self-insured and captive insurance plans.


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Curtis Cooper Stewart

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Companion Third Party Administrators, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Marie Edwards Asst. Secretary

Marie Edwards
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

56-2151867

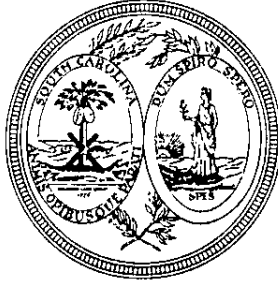
**COMPANION THIRD PARTY ADMINISTRATORS, LLC
MEMBER AND MANAGERS LISTING**

*Companion Third Party Administrators, LLC (CTPA, LLC) is a wholly owned subsidiary of Companion Property & Casualty Insurance Company (CPCIC).
CPCIC is the sole member of CTPA, LLC. The managers listed below are officers or members of management and they have no ownership rights in the LLC.*

Name	Title		Business Address
Member			
COMPANION PROPERTY & CASUALTY INSURANCE COMPANY	MGRM	SOLE MEMBER	51 CLEMSON ROAD, COLUMBIA, SC 29229
Officers			
CHARLES MICHAEL POTOK	MGR	PRESIDENT	51 CLEMSON ROAD, COLUMBIA, SC 29229
LAURA WHITING ROBINSON	MGR	VICE-PRESIDENT, MKTG	51 CLEMSON ROAD, COLUMBIA, SC 29229
STEVEN CRAIG BLOSS	MGR	VICE-PRESIDENT, CLAIMS	51 CLEMSON ROAD, COLUMBIA, SC 29229
CURTIS COOPER STEWART	MGR	SECRETARY, TREASURER & CFO	51 CLEMSON ROAD, COLUMBIA, SC 29229
Managers			
KEVIN ELMORE	MGR	DIRECTOR OF MKTG AND ADMINISTRATION	51 CLEMSON ROAD, COLUMBIA, SC 29229
LINDA MAASS	MGR	TPA CLAIMS MANAGER	51 CLEMSON ROAD, COLUMBIA, SC 29229

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TALLAHASSEE, FLORIDA

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COMPANION THIRD PARTY ADMINISTRATORS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 10th, 1999, with a duration that is until December 31st, 2050, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
22nd day of April, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State